

032-05-025/4 (Revised: 9/02)

I. GENERAL INFORMATION

A. Name of individual, partnership, corporation, limited liability company, unincorporated association or public agency applying for the license: _____

B. Administration of the assisted living facility:

1. Name of the administrator: _____

2. Name of the designated assistant administrator, if any: _____

C. Number of persons now residing in the facility:

1. Residents: Male _____ Female _____ Total Residents _____

2. Family Members _____

3. Employees _____

4. Others (*specify roles*) _____

5. TOTAL _____

II. LICENSURE AND PROGRAM INFORMATION

(Attach additional pages if more space is needed.)

A. Maximum number of residents license requested for: _____

B. Number of buildings license requested for: _____

C. Request for licensure level: (*check applicable level*)

_____ I request licensure for residential living care only.

_____ I request licensure for both residential living care and assisted living care.

D. Specify the current number of residents assessed for:

Residential living care _____

Regular assisted living care _____

Intensive assisted living care _____

NOTE: The number of residents in these three categories should add up to the facility's total current resident population.

E. Does the facility provide care for residents who:

are nonambulatory? Yes _____ No _____

have mental illness or mental retardation or who are substance abusers? Yes _____ No _____

have a history of aggressive behavior? Yes _____ No _____

need the use of restraints? Yes _____ No _____

have a serious cognitive impairment and cannot recognize danger or protect their own safety and welfare? Yes _____ No _____

(Over)

- F. Describe the special needs of the residents, such as skilled nursing treatments, special diets, assistance with medication, rehabilitative services: _____

- G. Have there been any changes in the purpose of the assisted living facility, the characteristics of the population served, the program, the services provided or the physical plant since the facility's last license was issued (i.e., during the current licensure period)?

Yes _____ No _____

If "yes," describe these changes: _____

- H. Describe any changes planned for the future: _____

III. ADDITIONAL MATERIAL TO BE INCLUDED AS PART OF THE APPLICATION

- A. The appropriate fee for application processing.
- B. A statement or chart regarding sponsorship of the assisted living facility and organization of the management staff, with information showing who is responsible for policy, operation and management decisions.
- C. A copy of any rules, requirements or policies of the assisted living facility that have changed since the facility's last license was issued.

Attached _____ Not Applicable _____

- D. If the applicant is a partnership, corporation, limited liability company, unincorporated association or public agency, the names and addresses of (1) any agent who has direct involvement with management of the assisted living facility and (2) the following persons as applicable: *(Specify the office or position held by each person.)*

1. For a partnership, all the General Partners.
2. For a corporation, the officers of the corporation, including the president, senior vice-presidents, secretary, treasurer and any other officer who has direct involvement with management of the assisted living facility.
3. For a limited liability company, all the members and each manager.
4. For an unincorporated association, the officers of the board/association.
5. For a public agency, the person responsible for the overall operation of the agency and any agency staff person who has direct involvement with management of the assisted living facility.

NAME OF FACILITY: _____ **DATE:** _____

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(Over)

Staff Information Sheet (Continued)

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